

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
MAY 30 5:26 PM '08
2008 MAY 30 AM 9:24

COMMITTEE NAME (Must be same as on Statement of Organization)

Becky 4 Alderman - Schabillon

IMPORTANT: Indicate by # type of committee you are reporting for: 6
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____
Becky Schabillon

Office Sought _____ District (if Senate or House) _____
8th Ward Alderman

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

William Schabillon
SIGNATURE OF PERSON FILING REPORT

(563) 386-9538
TELEPHONE

5/22/08
DATE SIGNED

I AM FILING A 5 days before election REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED 10/31/2007

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
November 6, 2007
County & Local Committees, enter County in
which Election is held
Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

325.11

Schedule F: Loans Received total (Attach Schedule F)

950.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$

1,275.11

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

274.63

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,000.48

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 1,375.41

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 950.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Becky 4 Alderman - Schabilion

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/21/2007	ID# CK#	Dr. Prakash Bontu 5906 Utica Ridge Rd Davenport Ia 52807		\$150.00	<input type="checkbox"/>
09/24/2007	ID# CK#	Sophie Foster 4607 E 53rd St Davenport Ia 52807		50.00	<input type="checkbox"/>
09/24/2007	ID# CK#	Harvey Bergert 6505 Wilkes St Davenport Ia 52806	Father	50.00	<input type="checkbox"/>
10/02/2007	ID# CK#	Harry Walker 2830 Cody St Bettendorf Ia 52722	Uncle	25.00	<input type="checkbox"/>
10/29/2007	ID# CK#	Unitemized cash		50.00	<input type="checkbox"/>
10/31/2007	ID# CK#	Interest Earned/Valley Bank 500 E LeClaire Rd Eldridge Ia 52748		.11	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$ 325.11

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Becky 4 Alderman - Schabilion

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/03/2007	ID# CK# 1001	USPS 4018 N Marquette St Davenport Ia 52806	Postage Stamps	\$ 108.00
10/03/2007	ID# CK#	Valley Bank 500 E LeClaire Rd Eldridge Ia 52748	Account Checks	16.80
10/22/2007	ID# CK# 1002	Office Max 320 W Kimberly Rd Davenport Ia 52806	Ink/Paper	32.92
10/23/2007	ID# CK# 1003	Office Max 320 W Kimberly Rd Davenport Ia 52806	Ink/Supplies	58.12
10/26/2007	ID# CK# 1004	Staples 5245 Elmore Av Davenport Ia 52807	Ink/Paper	37.41
10/30/2007	ID# CK# 1005	Office Max 320 W Kimberly Rd Davenport Ia 52806	Ink	21.38
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 274.63

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Becky 4 Alderman - Schabilion

SCHEDULE E
(Rev. 06/97)

IN-KIND CONTRIBUTIONS

☒ **CHECK THIS BOX IF AMENDING FORM**

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/04/2007	Becky Schabilion 6323 North West Blvd Davenport Ia 52806	Candidate	Campaign Signs	\$ 164.58	<input type="checkbox"/>
09/10/2007	Becky Schabilion 6323 North West Blvd Davenport Ia 52806	Candidate	Campaign Signs	256.80	<input type="checkbox"/>
09/11/2007	Becky Schabilion 6323 North West Blvd Davenport Ia 52806	Candidate	Campaign Signs	150.00	<input type="checkbox"/>
09/20/2007	Becky Schabilion 6323 North West Blvd Davenport Ia 52806	Candidate	GoDaddy.com Web-Site	45.24	<input type="checkbox"/>
10/29/2007	Becky Schabilion 6323 North West Blvd Davenport Ia 52806	Candidate	Campaign Postcards	314.79	<input type="checkbox"/>
10/31/2007	Becky Schabilion 6323 North West Blvd Davenport Ia 52806	Candidate	Campaign Postcards	444.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	1,375.41

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

Becky 4 Alderman - Schabillion

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☒ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
10/29/2007	Becky Schabillion 6323 North West Blvd Davenport Ia 52806	Candidate	\$ 950.00

TOTAL (PART I) \$ 950.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 950.00

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